

<i>SERFF Tracking Number:</i>	<i>ERCB-128248659</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Westport Insurance Corporation</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>WIC-ESLE AR-12-06437A-1-F</i>		
<i>TOI:</i>	<i>H12 Health - Excess/Stop Loss</i>	<i>Sub-TOI:</i>	<i>H12.004 Self-Funded Health Plan</i>
<i>Product Name:</i>	<i>Employers Excess Stop Loss</i>		
<i>Project Name/Number:</i>	<i>Endorsement revision for Employers Excess Stop Loss /WIC-ESLE AR-12-06437A-1-F</i>		

Filing at a Glance

Company: Westport Insurance Corporation

Product Name: Employers Excess Stop Loss

TOI: H12 Health - Excess/Stop Loss

Sub-TOI: H12.004 Self-Funded Health Plan

Filing Type: Form

SERFF Tr Num: ERCB-128248659 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num:

Co Tr Num: WIC-ESLE AR-12-
06437A-1-F

State Status: Approved-Closed

Author: Theresa Cox

Date Submitted: 04/09/2012

Reviewer(s): Rosalind Minor

Disposition Date: 04/09/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: 07/01/2012

Implementation Date:

State Filing Description:

General Information

Project Name: Endorsement revision for Employers Excess Stop Loss

Project Number: WIC-ESLE AR-12-06437A-1-F

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 04/09/2012

State Status Changed: 04/09/2012

Created By: Theresa Cox

Corresponding Filing Tracking Number: WIC-ESLE AR-12-06437A-1-F

Filing Description:

Westport Insurance Corporation is filing the attached endorsement SP 5 459 0412 to replace the previously filed form SP 5 459 0212 which was approved under SERFF Filing Number: ERCB-128151202.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Theresa Cox

The changes made were done to add clarity to the endorsement and to remove the discretionary language.

We have attached a copy of the previously approved form showing the changes made.

SERFF Tracking Number: ERCB-128248659 State: Arkansas
Filing Company: Westport Insurance Corporation State Tracking Number:
Company Tracking Number: WIC-ESLE AR-12-06437A-1-F
TOI: H12 Health - Excess/Stop Loss Sub-TOI: H12.004 Self-Funded Health Plan
Product Name: Employers Excess Stop Loss
Project Name/Number: Endorsement revision for Employers Excess Stop Loss /WIC-ESLE AR-12-06437A-1-F

We are requesting an effective date of 7-1-2012.

State Narrative:

Company and Contact

Filing Contact Information

Theresa Cox, Compliance Specialist theresa_cox@swissre.com
5200 Metcalf 800-255-6931 [Phone] 6181 [Ext]
Overland Park, KS 66201

Filing Company Information

Westport Insurance Corporation CoCode: 39845 State of Domicile: Missouri
5200 Metcalf Group Code: 181 Company Type:
Overland Park, KS 66201 Group Name: Swiss Re State ID Number:
(800) 255-6931 ext. [Phone] FEIN Number: 48-0921045

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Arkansas filing fee is \$50 @ form. We are filing 1 form = \$50. Westport's domiciliary state of MO changes \$50 for forms filing. Therefore, as amount is the same, we are submitting \$59 with this filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westport Insurance Corporation	\$50.00	04/09/2012	57827760

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/09/2012	04/09/2012

SERFF Tracking Number: *ERCB-128248659* *State:* *Arkansas*
Filing Company: *Westport Insurance Corporation* *State Tracking Number:*
Company Tracking Number: *WIC-ESLE AR-12-06437A-1-F*
TOI: *H12 Health - Excess/Stop Loss* *Sub-TOI:* *H12.004 Self-Funded Health Plan*
Product Name: *Employers Excess Stop Loss*
Project Name/Number: *Endorsement revision for Employers Excess Stop Loss /WIC-ESLE AR-12-06437A-1-F*

Disposition

Disposition Date: 04/09/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *ERCB-128248659* *State:* *Arkansas*
Filing Company: *Westport Insurance Corporation* *State Tracking Number:*
Company Tracking Number: *WIC-ESLE AR-12-06437A-1-F*
TOI: *H12 Health - Excess/Stop Loss* *Sub-TOI:* *H12.004 Self-Funded Health Plan*
Product Name: *Employers Excess Stop Loss*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	SP 5 459 0212 showing changes made	Approved-Closed	Yes
Form	Experience Refund	Approved-Closed	Yes

SERFF Tracking Number: ERCB-128248659 State: Arkansas

Filing Company: Westport Insurance Corporation State Tracking Number:

Company Tracking Number: WIC-ESLE AR-12-06437A-1-F

TOI: H12 Health - Excess/Stop Loss Sub-TOI: H12.004 Self-Funded Health Plan

Product Name: Employers Excess Stop Loss

Project Name/Number: Endorsement revision for Employers Excess Stop Loss /WIC-ESLE AR-12-06437A-1-F

Form Schedule

Lead Form Number: SP 5 117 0911

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 04/09/2012	SP 5 459 0412	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Experience Refund	Revised	Replaced Form #: SP0.000 5 459 0212 Previous Filing #: ERCB-128151202.		SP 5 459 0412.pdf

Westport Insurance Corporation

EXPERIENCE REFUND

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

IT IS AGREED that the Policy is hereby amended as follows:

EXPERIENCE REFUND. We agree to pay to you an Experience Refund equal to a defined percentage of the **Net Profit** accruing to us under this **Policy** (Refund Percentage) as calculated with respect to each **Policy Period** in accordance with the Calculation Schedule set forth below.

Refund Percentage: _____%

Calculation Schedule

Credits

1. **Gross Earned Premium** paid by you for the **Policy Periods**.
2. **Unpaid Losses** from the previous **Policy Period** (zero the day before the first **Policy Period**).

Charges

1. Losses under this **Policy** paid by us for the **Policy Period**.
2. **Unpaid Losses** under this **Policy**, including Incurred But Not Reported (IBNR).
3. Our basic operating margin equal to _____% of Item 1 of Credits.
4. Any commissions, premium taxes and/or state assessments relating to the **Policy**.
5. The **Deficit**, if any, at the end of the previous **Policy Period** (zero for the first **Policy Period** calculation).

For purposes of this Experience Refund:

“Net Profit” means the amount by which the sum of the Credits exceeds the sum of the Charges for the **Policy Period**.

“Deficit” means the amount by which the sum of the Charges exceeds the sum of the Credits for the **Policy Period**.

“Gross Earned Premium” means the total premium earned by, received by and entered upon our books and records with respect to this **Policy**.

“Unpaid Losses” means the amount required by our current actuarial formula for excess loss reserves (IBNR), plus the sum of the total case reserves, plus any unpaid pending losses reported by the TPA to us.

The Experience Refund will be calculated and paid in a two (2) step process. Step one is the First Calculation which will occur six (6) months following the expiration date of the **Policy**. On that day, we will have thirty-one (31) days to calculate the initial Experience Refund and notify you of our calculation result. We may request additional claims information needed to perform the calculation. We will utilize IBNR in making our initial Experience Refund calculation. If a refund is due to you, we will pay fifty percent (50%) of the calculated Experience Refund to you within sixty (60) days of completion of our First Calculation, but no later than nine (9) months following the expiration date of the **Policy**.

Step two is the Final Calculation of the Experience Refund which will occur eighteen (18) months following the expiration date of the **Policy**. On that day, we will have thirty-one (31) days to calculate the final Experience Refund and notify you of our calculation result. If additional refund is due to you over that amount already paid after the First Calculation, we will pay the remainder Experience Refund amount within sixty (60) days of completion of our Final Calculation, but no later than twenty-one (21) months following the expiration date of the **Policy**. If the Final Calculation results in either no Experience Refund due to you or an amount less than what was paid to you following the First Calculation Experience Refund payment, then we will notify you of our calculation and bill you for the amount to be repaid. You will have sixty (60) days from date of notice to repay us any overpaid Experience Refund. Overpayment of the Experience Refund would be other circumstances as defined in Section Nine, Item No. 9 in the **Policy**.

Payment of any Experience Refund to you is contingent upon you being a current policyholder under the **Policy** at the time in which payment is due.

All other terms and conditions of this **Policy** shall remain unchanged.

This **Endorsement** forms a part of the **Policy** to which attached, effective on the inception date of the **Policy** unless otherwise stated herein.

(The information below is required only when this **Endorsement** is issued subsequent to the preparation of the **Policy**.)

Endorsement Effective

Policy No.

Named Insured

WESTPORT INSURANCE CORPORATION

Facsimile signature to be inserted

Facsimile signature to be inserted

President

Secretary

<i>SERFF Tracking Number:</i>	<i>ERCB-128248659</i>	<i>State:</i>	<i>Arkansas</i>
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Supporting Document Schedules

	Item Status:	Status
		Date:
Bypassed - Item:	Application	Approved-Closed
Bypass Reason:	Not applicable to this filing. We are filing an endorsement form; not a policy.	
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item:	Flesch Certification	Approved-Closed
Comments:		
Attachment:		
WIC Flesch Reading Ease Certification.pdf		

	Item Status:	Status
		Date:
Satisfied - Item:	SP 5 459 0212 showing changes made	Approved-Closed
Comments:		
Attachment:		
SP 5 459 0212. showing changes made.pdf		

FLESCH SCORE CERTIFICATION

I, David Newkirk, Vice President of Westport Insurance Corporation do certify that the forms contained in this filing meet the minimum reading ease score on the Flesch Reading Ease as so stated in 23-80-206. The Flesch score for the policy form was 49. The Flesch Reading Ease score on the endorsement when added to the policy form was 53.

A handwritten signature in black ink, appearing to read "David Newkirk", written in a cursive style.

David Newkirk, Vice President
Westport Insurance Corporation
5200 Metcalf
Overland Park, KS 66201

Westport Insurance Corporation

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Refund Percentage: _____ %

Calculation Schedule

Credits

1. **Gross Earned Premium** paid by you for the **Policy Periods**.
2. **Unpaid Losses** ~~under this Policy at the end of~~ from the previous **Policy Period** (zero the day before the first **Policy Period**).

Formatted: Highlight

Charges

1. Losses under this **Policy** paid by us for the **Policy Period**.
2. **Unpaid Losses** under this **Policy**, including Incurred But Not Reported (IBNR) ~~as determined by us, at the end of the current Policy Periods~~.
3. Our basic operating margin equal to _____ % of Item 1 of Credits.
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Westport Insurance Corporation

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